

## **Important Please Read!**

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**Thank you.**

**QUARTER**

- 1 ☐ July-September  
 2 ☐ October-December  
 3 ☐ January-March  
 4 ☐ April-June

**TransADE QUARTERLY REPORT  
 FOR  
 FINANCIAL ASSISTANCE FOR ELDERLY AND PERSONS WITH  
 DISABILITIES  
 FISCAL YEAR \_\_\_\_\_**

Project Number: MT 13 \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\*\*\*\*\*

**A. OPERATING DATA:**

1. Total number of vehicles in service this quarter  
(This is for all passenger transportation vehicles.) \_\_\_\_\_
2. Total number of miles accumulated this quarter  
(This is for all passenger transportation vehicles.) \_\_\_\_\_
3. Number of days agency operated vehicles  
this quarter (Cannot exceed 92 days for a quarter) \_\_\_\_\_
4. Average number of hours vehicle operated  
per day \_\_\_\_\_

**B. RIDES PROVIDED (Record each ride in one category only):**

<u>Category</u>	<b>Contracted</b>	<b>Non-Contracted</b>
1. 60 yrs. old and over	_____	_____
2. Under 60 yrs. old	_____	_____
3. Disabled	_____	_____
4. <b>RIDES FOR QUARTER</b>	_____	_____

**C. PERFORMANCE DATA:**

1. Average cost per mile (cost ÷ miles) \_\_\_\_\_
2. Average cost per ride  
(cost ÷ rides) \_\_\_\_\_
3. Average number of rides per day  
(rides ÷ days) \_\_\_\_\_
4. Average number of rides per mile  
(rides ÷ miles) \_\_\_\_\_



**D. FINANCIAL DATA** (must include all cost associated with entire transportation system)

**QUARTERLY COSTS:**

1. **Labor**
  - a. Operators' wages \_\_\_\_\_
2. **Fringe Benefits**
  - b. Fringe benefits distribution \_\_\_\_\_
3. **Materials & Supplies Consumed**
  - c. Fuel and lubricants \_\_\_\_\_
  - d. Tires and tubes \_\_\_\_\_
  - e. Maintenance \_\_\_\_\_
4. **Casualty and Liability Costs**
  - f. Casualty and Liability Costs \_\_\_\_\_
5. **Purchased Transportation Service**
  - g. Purchased transportation service \_\_\_\_\_
4. **TOTAL OPERATING COSTS** \_\_\_\_\_
5. **TOTAL CONTRIBUTION/DONATIONS =** \_\_\_\_\_

**E. REIMBURSEMENT CALCULATIONS:**

1. Total Operating Costs for TransADE  
(Same as Section D Line 4) \_\_\_\_\_
2. TransADE Funds Earned this  
this Quarter (50% of Line 1) \_\_\_\_\_
3. Total Amount of TransADE Grant \_\_\_\_\_
4. TransADE Funds Earned Per Quarter: (Line 2)
  - 1st Quarter \_\_\_\_\_
  - 2nd Quarter \_\_\_\_\_
  - 3rd Quarter \_\_\_\_\_
  - 4th Quarter \_\_\_\_\_
5. Total Earned TransADE Funds  
Cumulative Year-to-Date (Total of Line 4) \_\_\_\_\_
6. Balance of Unearned TransADE Funds  
(Line 3 – Line 5) \_\_\_\_\_

Submit Reports to: MDT – Transit Section  
PO Box 201001  
Helena, MT 59620-1001

